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A Beautiful Reprieve:
Engaging and Relevant Educational Programming for Museum Visitors with Alzheimer's
Disease and Other Dementias

Kathleen L. Henry

Seton Hall University

2010

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Abstract

A Beautiful Reprieve: Engaging and Relevant Educational Programming for Museum Visitors with Alzheimer's Disease and Other Dementias

Kathleen L. Henry

The need for engaging and relevant educational programming for museum visitors with Alzheimer's disease and other forms of dementia is growing. As the baby boomer generation gets older, the number of people with special mental and physical accessibility needs that will be entering museums will rise. The Alzheimer's Association recommends that persons afflicted with Alzheimer's disease visit museums to help stimulate mental and physical activity. Museums must develop programming especially for this unique, often overlooked, audience.

This thesis will examine three programs currently offered at New York museums as case studies: *Meet Me at MoMA* at The Museum of Modern Art, *Met Escapes* at The Metropolitan Museum of Art, and *Folk Art Reflections* at The American Folk Art Museum. *Contemporary Journeys* at The Walker Museum of Art will also be briefly discussed as a program outside of New York City. A discussion of these programs will show the best practices and procedures including logistics, learning approaches, and accessibility concerns for this unique audience. These case studies will be evaluated by the author and by the institutions' own research as a model for other museums looking to start similar programs.

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I wish to dedicate this thesis to:

My parents, Robert and Lois Henry, and sister, Lauren Henry, for their unwavering support and the rest of my family and friends, especially Abby Sage.

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Introduction

According to the National Institutes of Health, an estimated five million-plus Americans are currently afflicted with Alzheimer's disease.¹ This number is expected to rise as the baby boomer generation reaches the age at which this disease usually manifests itself. The Alzheimer's Association has listed several treatments outside of medication to increase the quality of life for persons with the disease. In addition to crossword puzzles and bowling, a visit to a museum is recommended. The museum can become both a safe and a stimulating environment for persons with Alzheimer's disease and their caregivers. Educational programming must be developed to accommodate both the physical and intellectual requirements of visitors with this currently incurable disease. In other words, the museum must ensure adequate resources for possible physical shortcomings of visitors with Alzheimer's and develop educational programs that are attuned to their disease and have beneficial effects. Museum programs for this demographic have recently begun to be developed throughout the world. Museum educators can provide a quality museum experience for this often overlooked portion of their visitors by looking at some of the current programs offered and adapting them to fit their own institution.

Already several cultural institutions have started programming just for this audience. Most have taken their cue from a groundbreaking program at The Museum of Modern Art, called *Meet Me at MoMA*. Among the museums that currently have similar programs are The Metropolitan Museum of Art, The Walker Art Center, and The American Folk Art Museum. This paper will evaluate existing educational programs in

¹ Alessandra Stanley, "The Disease That Steals Your Self," *The New York Times*, May 8, 2009.

relation to the growing demographic of Alzheimer's patients, focusing on its strengths, weaknesses, and future implications. These case studies are focused on visitors with the most common type of dementia, Alzheimer's disease, in the setting of art museums.

The most important preparation for providing engaging and relevant educational programming in a museum setting (or any setting) is the understanding of a program's audience. The intellectual, physical, and behavioral limitations of individuals with Alzheimer's and other forms of dementia are often complex and need to be considered carefully. The museum educator, when developing, piloting, and then conducting a program for this audience, must know the history of Alzheimer's disease, its medical nature, symptoms, treatment, and future research. In addition, it is vital to understand the unique post-World War II generation, commonly referred to as baby boomers, to understand the future of Alzheimer's disease and dementia programming in museums.

Chapter One: Understanding the Museum Visitor with Alzheimer's Disease and Other Dementias

Defining Alzheimer's Disease and Other Dementias

Even though this disease is wide spread, it is often misunderstood. Alzheimer's disease cannot be accurately diagnosed until after the afflicted person is deceased and an autopsy can be performed. Only then can a medical professional diagnose the patient as having suffered from Alzheimer's disease. Even the terms surrounding Alzheimer's disease have led to confusion and misunderstanding. The most common terms are Alzheimer's, dementia, and senility. Alzheimer's is the most common form of dementia and should not be used to describe all types of dementia. According to the Alzheimer's Association, dementia is "a general term for memory loss and other intellectual abilities serious enough to interfere with daily life."² The word "senile" is defined by Webster's Dictionary as "of, relating to, exhibiting, or characteristic of old age; exhibiting a loss of cognitive abilities (as memory) associated with old age."³ Senility is a more general term that is often indiscriminately applied to a larger group of people who or may not have Alzheimer's disease or any other form of dementia.

Many myths associated with Alzheimer's disease are related to its multiple terms listed above. One misconception about Alzheimer's disease is its connection to dementia. As stated before Alzheimer's disease is actually a form of dementia. Until the 1970s, "senility" and Alzheimer's were seen as two different diseases, the latter as a rare

² Alzheimer's Association. "What's Alzheimer's?" Alzheimer's Association. http://www.alz.org/alzheimers_disease_what_is_alzheimers.asp. (accessed March 28, 2010).

³ Merriam Webster Online. <http://www.merriam-webster.com/dictionary/senile>. (accessed March 28, 2010).

brain disorder and the former as the result of the normal aging process.⁴ Unfortunately, the stereotype of a senile person has also hindered efforts to help people with Alzheimer's disease. The actual cases of dementia, determined by an autopsy, could include Alzheimer's disease (the most common case), multi-infarct dementia, a mixture of those two, Pick's disease, infections, and other unclassified diseases.⁵ Some forms of dementia including Pick's disease, which results from the blockage of small brain arteries, can be treated. While it is not always possible for the caregiver, doctor, or museum educator to recognize which form of dementia a patient is afflicted with, it is important to realize there are various forms of the disease. Thus relevant and engaging programs require different learning methods and approaches.

Understanding the Future of Alzheimer's Patients as Museum Visitors

On December 26, 2007 *The New York Times* published an alarming article entitled *Finding Alzheimer's Before a Mind Fails*. The article briefly listed some of the terrifying facts about Alzheimer's disease: "Five million people in the United States have Alzheimer's disease, most of them over 65. It is the nation's sixth leading cause of death by disease, killing nearly 66,000 people a year...By 2050, according to the Alzheimer's Association, 11 million to 16 million Americans will have the disease."⁶ In 2003, Robert N. Butler, M.D., the president and chief executive officer of the International Longevity Center wrote, "with the aging of baby boomers, government experts estimate that the number of people diagnosed with Alzheimer's disease will

⁴ Denise Grady, "Finding Alzheimer's Before a Mind Fails," *New York Times*, December 26, 2007, Health section, East edition.

⁵ Leonard Heston and June White. *The Vanishing Mind*. (San Francisco: W.H. Freeman, 1991), 14.

⁶ Denise Grady, "Finding Alzheimer's Before a Mind Fails," *New York Times*, December 26, 2007, Health section, East edition.

dramatically increase...”⁷ In 2005, the United States census department estimated the number of baby boomers at 78.2 million.⁸

In America, the generation of baby boomers is currently in the age group that is prone to Alzheimer’s. If a cure is not found prior to their onset of old age the number of Alzheimer patients will rise dramatically. Thus, it is important to understand them as a cultural identity and demographic. The baby boomer generation comprises persons born between 1946 and 1964, according to the United States Census Bureau.⁹ In their youth, this generation experienced an affluent time in North America, causing the baby boomers to be generally healthier and wealthier than earlier generations. In addition, more of them attended higher education institutions than ever before. This generation also has a strong cultural identity, which was especially proven during the turbulent time of the 1960s, which witnessed the civil rights movement, the Vietnam War, and the women’s movement. A strong sense of civil duty, having its roots in the 1960s protests, may be related to baby boomers’ high rates of participation as volunteers in cultural institutions today. At the time of this writing, the oldest baby boomer is 64 years old and therefore has not yet reached the average retirement age. However, this will be the population that will be greatly affected if Alzheimer’s disease is not cured as they age. It is also important to note that the baby boomer has been able to do more to prevent Alzheimer’s disease-- through exercise and mental engagement, for example--than the preceding generation, currently afflicted by this disease. Furthermore, there recently has been a

⁷ Joanne Coste. *Learning to Speak Alzheimer’s*. (Boston: Houghton Mifflin, 2003), xiv.

⁸ U.S Census Bureau website. “Population Estimates.” <http://www.census.gov/popest/national/> (accessed March 28, 2010).

⁹ U.S Census Bureau website. “Population Estimates.” <http://www.census.gov/popest/national/> (accessed March 28, 2010).

push to combat the disease through both drug treatment and behavioral treatment. This could mitigate the predictions of higher levels of Alzheimer's disease in the future.

It is important for museum educators to anticipate the implications of a larger museum audience with Alzheimer's disease and other forms of dementia in the near future. It will benefit museums to reach out to organizers and volunteers of today's programs, as well as to caregivers (as some of them may become baby boomers themselves) to truly understand how to create meaningful programming in the future. The cultural identity of the baby boomer, in comparison to the current older museum audience, composed mostly their parents, is vastly different. It is important to identify how educational programs for baby boomers in the future cannot be the same as the current programs offered today. Their experience as a generation and what they remember and relate to should be reflected in their programming.

Symptoms of Alzheimer's Disease

All of the museums represented in this paper's case studies made certain to familiarize their staff with information about Alzheimer's disease and other diseases. There are many symptoms of Alzheimer's disease. Here are the ten warning signs outlined by the National Alzheimer's Association:

- Loss of memory
- Difficulty performing familiar tasks
- Problems with language
- Disorientation to time and place
- Poor or declining judgment
- Problems with abstract thinking
- Misplacing things
- Changes in mood and behavior
- Changes in personality

- Loss of initiative.¹⁰

It is important to note that simple forgetfulness is not an indicator of Alzheimer's. For example, if a person cannot remember where he parked his vehicle in a supermarket parking lot, he may not have Alzheimer's, but if he gets into his vehicle and is not able to remember how to start to drive, this could be a symptom.

There are three main stages of Alzheimer's disease: early, middle, and late. Often the stages are broken into sub-stages such as middle-early and middle-middle, however Alzheimer's disease is often difficult to track and can vary by individual. The earlier the age of onset of Alzheimer's disease, the more advanced the disease will manifest in that individual as he ages. The early stage of Alzheimer's usually involves behavioral changes including "not remembering appointments, not recognizing once familiar faces, losing track of time, getting lost, having difficulty finding words, and misplacing needed items."¹¹ The middle early stage usually involves behavior changes such as the inability to make decisions."¹² Different skills including fine motors skills, speech, and behavioral changes will continue to deteriorate into the late or final stage in which the person will be "losing all language, losing gross motor skills (sitting, walking), having swallowing difficulties, and needing total care."¹³ Persons in the early to middle stage of Alzheimer's disease are the most common visitor to a museum program. People in the late middle to final stage of Alzheimer's disease will no longer be physically and mentally able to visit the museum, but could benefit from adapted outreach museum programs.

¹⁰ Joanne Coste. *Learning to Speak Alzheimer's*. (Boston: Houghton Mifflin, 2003), 14.

¹¹ *Ibid.*, 22.

¹² *Ibid.*, 22.

¹³ *Ibid.*, 23..

The History of Alzheimer's Disease

The history of Alzheimer's disease began in 1907, when Alois Alzheimer discovered the disease.¹⁴ Alois Alzheimer was able to see the differences in brain tissue between a person with symptoms of Alzheimer's and normal tissue. A person afflicted with Alzheimer's has neurofibrillary tangles and senile plaques in the brain's cytoskeleton, which is the structure of the brain's cells. These tangles result in cells that can no longer function and have already died¹⁵ These tangles can cause damage in the brain and the buildup of protein on nerve tissue and brain blood vessels, which is called amyloids.¹⁶ Most of this damage occurs near the parts of the brain that operate memory and higher mental functioning thus resulting in problems with short-term and eventually long-term memory loss.

The Treatment of Alzheimer's Disease

The treatment of patients with Alzheimer's disease and other forms of dementia is constantly changing. There has been a surge in awareness of this disease as baby boomers have started to age. In 2007, Dr. John C. Morris, director of the Alzheimer's Disease Research Center at Washington University in St. Louis, suggested the need for preventive medication against Alzheimer's as it sure to "bankrupt our health care system."¹⁷ Research has been two-fold: focusing both on drug treatment and behavioral treatment. Researchers are now reaching out to children of Alzheimer's patients, to use them in important studies. Most recently, scientists believe that the presence of the gene

¹⁴ Leonard Heston, and June White. *The Vanishing Mind*. (San Francisco: W.H. Freeman, 1991), 15.

¹⁵ Ibid., 15-16.

¹⁶ Ibid, 15..

¹⁷ Denise Grady, "Finding Alzheimer's Before a Mind Fails," *New York Times*, December 26, 2007, Health section, East edition.

APOE4 produces beta amyloid into the brain, which is a major risk factor for Alzheimer's disease.¹⁸

The Food and Drug Administration of the United States have approved five prescription drugs to treat symptoms of Alzheimer's, but they are not a cure. Memantine (Namenda) is the only drug currently available for the treatment of moderate to severe Alzheimer's disease.¹⁹ There are other medicines available including Aricept, Exelon, Razadenye, and Cognex. These medicines "affect the level of a neurotransmitter in the brain called acetylcholine" but also have difficult side effects.²⁰ Other supplements such as vitamin E and ginkgo biloba are also recommended to Alzheimer's patients.²¹ Currently, there is no medical cure for Alzheimer's disease and other dementias. Therefore a humanistic approach is needed to treat persons afflicted with Alzheimer's. The Alzheimer's Disease Center recommends "reading, building puzzles, playing cards or board games, listening to the radio, making crafts or *visiting museums* are measures to avoid the adverse effect of Alzheimer's disease."²² This form of behavioral treatment has already seen positive results in the assessment of MoMA's *Meet Me at MoMA* program. It can be argued that visiting museums with education programs such as *Meet Me at MoMA*; in conjunction with drug treatments can help delay the progression of the disease by increasing mental stimulation and social engagement. Based on the positive feedback from museum visitors going to MoMA and their increasing wait lists for its program and

¹⁸ Alzheimer's Disease Center. <http://www.alzheimersdiseasecenter.com>. (Accessed 6/2/2009).

¹⁹ "Alzheimer's Disease Overview" The New York Times Online. <http://health.nytimes.com/health/guides/disease/alzheimers-disease/overview.html?print=1>. (Accessed 6/2/2009).

²⁰ Ibid.

²¹ Ibid.

²² Alzheimer's Disease Center. <http://www.alzheimersdiseasecenter.com>. (Accessed 6/2/2009).

neighboring museum's programs, it is clear that there is a great need for Alzheimer's and dementia museum programs.

The Need for Alzheimer's and Dementia Museum Programs

As approximately seventy percent of people afflicted with Alzheimer's disease are cared for at home, usually by family caregivers, there is a great need for enriching activities for both parties in a museum setting.²³ Research shows that mental exercises can help regain lost brain function. Scientist Gary Arendash at the University of South Florida in Tampa tried to prove this theory through an experiment with mice. Mice that had an Alzheimer's-like disease were positioned in an enriched environment three times a week and scientists found that the mice were able to regain some of their lost mental functions. For example, the mice could remember and find an underwater platform easily following their mental exercises.²⁴ Though similar research has not been done for humans, researcher Mary Mittelman from New York University School of Medicine, who is working with The Museum of Modern Art on its program, *Meet Me at MoMA*, has observed a noticeable improvement in visitors: "Faces lit up. People were engaged. It was actually fun."²⁵ All of the museum educators involved in the case studies stated that there was a great demand for more programming on the part of the current population of Alzheimer's disease patients. With additional funding, all of the institutions anticipate expanding their programs to provide for this growing demographic.

²³ Denise Grady, "Finding Alzheimer's Before a Mind Fails," *New York Times*, December 26, 2007, Health section, East edition.

²⁴ Kathleen Fackelmann, "Alzheimer's Program is One from the Art," *USA Today*, October 16, 2007.

²⁵ Ibid.

The General Needs of Alzheimer's Patients

When starting any new educational program the museum educators must evaluate the needs of their visitors. First and foremost, persons afflicted with Alzheimer's disease and other forms of dementia are adult learners. Adult learners are a unique demographic group in the museum and they have their own learning characteristics. According to Malcolm Knowles adult learners are unique in three ways: "one is that they have had more experience in taking responsibility for their own lives than most children...the second...is that adults have a broader and deeper accumulation of experience...the third difference [way] is that adults typically (although not exclusively) are motivated to undertake education in the hope of expectation of learning something that will enable them to cope more effectively with life or enjoy life more."²⁶ While Alzheimer's patients may not be able to access the memory of their past experiences all the time, often a museum visit can help visitors remember and relate their encounter with art at the museum to a past experience. Additionally, there is common agreement in most literature about Alzheimer's that its patients are still motivated to learn and continue their lives, while trying to overcome the obstacles of their disease.

Another key characteristic of adult learners is social motivation. Often the adult museumgoer is visiting the museum as part of a group. In addition, the adult may be visiting for the benefit of others in the group. One important benefit of museum visits for Alzheimer patients is the development of an identity as a member of a group.²⁷ Identity is often lost with Alzheimer's disease, but naturally the need to socialize helps to promote an identity. In addition, the building of identity can occur across generations, for

²⁶ George E. Hein, *Learning in the Museum* (New York City: Routledge, 1998), 144-145.

²⁷ John H. Falk and Lynn D. Dierking. *Learning from Museums: Visitor Experiences and the Making of Meaning*. (New York: AltaMira Press, 2000), 101.

example the need to build a legacy for grandchildren. This can also motivate adult learners to utilize museums for education.²⁸

Adult learners can also be broken down into the subcategory of old age. There is a great difference between a recently retired senior and a senior in his late eighties. Erik Erikson's Eight Stages of Life ends with Old Age. In this stage, Erikson recognizes the internal struggle for people in the end of their lives between pain and the development of wisdom.²⁹ Some elderly people perform a life review, looking back at their lifetime, which either results in an overall positive outcome or a hypercritical response.³⁰ However, this stage is affected greatly by Alzheimer's disease. A person with Alzheimer's disease and other dementias is not able to recall the memories of his life in order to produce the wisdom that is required at the end of Erikson's Eight Stages of Life. It is worth noting, however, that even with dementia, parts of this stage are still relevant. Erikson's stage is similar to Jung's theory of adulthood involving old age. Jung stated "with increasing age, contemplation, and reflection, the inner images naturally play an ever greater part in man's life...In old age one begins to let memories unroll before the mind's eye."³¹ Again, this step is greatly affected by the degree of Alzheimer's disease. Through a positive museum program, a visitor with Alzheimer's disease can try to access past memories in order to complete a life review. Provoking memories in visitors by looking at narrative paintings that are reflective of a visitor's childhood for example can help repair this disruption in proposed life stages.

²⁸ John H. Falk and Lynn D. Dierking. *Learning from Museums: Visitor Experiences and the Making of Meaning*. (New York: AltaMira Press, 2000), 102.

²⁹ William Crain. *Theories of Development: Concepts and Applications*, Fifth Edition. (Upper Saddle River: Pearson Prentice Hall, 2005), 291.

³⁰ *Ibid.*, 292.

³¹ *Ibid.*, 344.

Special Needs of Alzheimer's Patients

People afflicted with Alzheimer's disease and other forms of dementia have various behavioral, physical, and intellectual accessibility concerns. Joanne Koenig Coste's *Learning to Speak Alzheimer's: A Groundbreaking Approach Everyone Dealing with the Disease* is not only a great reference for readers who have family members with this disease but also for museum educators. Several new approaches to ways to treat persons afflicted with Alzheimer's disease and other dementias, not involving purely the medicinal profession, have been developed. Coste wrote her book after caring for her now deceased husband who suffered from dementia. Through her struggles she developed positive strategies for dealing with the disease. These guidelines are applicable to use in museums.

Several of her guidelines can be added to the general accessibility concerns of any adult public program. Here are some of the most important guidelines in developing a program for visitors with Alzheimer's disease and other dementias:

- Remind the caregiver/visitor about the program (i.e. call the day before the program or send a reminder in the mail)
- Reintroduce your name every session if it a series or has repeat visitors, name tags are very important
- Keep track of the time of the class as visitors with Alzheimer's disease and dementia often find it difficult to track time
- Repeat important facts throughout the program to prevent embarrassment in visitors who have short term memory loss
- Use gestures and facial expressions to aid in the understanding of verbal communication
- Keep all materials that are needed at the museum, as the visitor forget them at home between visits
- Keep the number of decision-making activities low while still allowing independence for the visitor
- Develop problem solving techniques to comfort a visitor who may become accusatory or hostile
- Use fictional narratives that are relevant to the visitor to promote memory and understanding

- Evaluate the visitor's experiences through interviews, or if interviews are not possible, through visual comments (i.e. visitors draw their experience)
- Ask for a brief case history of the visitor to understand his/her stage of Alzheimer's and particular needs
- Modify the environment to better suit the visitor (i.e. restrooms are located nearby, scheduling the program on a day the museum is closed to the public, limiting other stimulants, etc.)
- Limit class size³²

Often, Alzheimer's patients are able to maintain their habitual skills, which can include simple tasks that they perform on a daily basis.³³ In addition, persons with Alzheimer's disease, in the earlier stages, can still feel comfortable in a social situation if the setting is familiar.³⁴ Jitka M. Zgola also notes in his book, *Doing Things: A Guide to Programming Activities for Persons with Alzheimer's Disease and Related Disorders*, that "although the ability to conceptualize, organize, initiate, and modulate movement may become impaired, primary motor functions such as strength, dexterity, and muscular control are usually retained."³⁵ This is especially helpful during walking tours of a museum gallery. The sensory functions are also still intact for those with dementia, but are often scrambled. Therefore museum activities involving the senses can still be a pleasurable experience, if properly utilized. In addition, sensory systems such as visual, auditory, and tactile, can help a visitor learn new things and retain the memory of the experience.³⁶ Therefore, it is important that museum educators utilize a full range of sensory interactions to help make the visitor comfortable and promote memory retention.

³² Joanne Coste. *Learning to Speak Alzheimer's*. (Boston: Houghton Mifflin, 2003), 22-23.

³³ Jitka Zgola. *Doing Things: A Guide to Programming Activities for Persons with Alzheimer's Disease and Related Disorders*. (Baltimore: Johns Hopkins University Press, 1987), 23.

³⁴ Ibid., 23.

³⁵ Ibid., 23.

³⁶ Ibid., 7.

Summary of Understanding the Museum Visitor with Dementia

In conclusion, there are a growing number of people afflicted with Alzheimer's disease and other dementias in the United States and beyond that are in need of relevant and engaging educational programs in museums. While there has been a continued push to find a cure through drug treatments by scientists, new behavioral treatments such as mental stimulation through museum educational programs could offer another way to combat the effects of this disease now and in the future. There are many new and exciting programs that are currently being conducted and developed throughout the world and their assessment offers some positive results engaging this growing demographic.

Chapter Two: Case Studies: Programs in Practice

Throughout the world, museums are developing educational programs that focus on the needs of visitors with Alzheimer's disease and other dementias. Following are four case studies, three in the New York Metropolitan area and one in Minneapolis, of educational programming for the Alzheimer's and dementia afflicted museum audience. The purpose of these case studies is to highlight some established successful programs (the ones in New York) and to discuss their influence on an emerging program in another part of the country (Minneapolis). The case studies include *Meet Me at MoMA* at The Museum of Modern Art, *Met Escapes* at The Metropolitan Museum, *Folk Art Reflections* at The American Folk Art Museum, and *Contemporary Journeys* at The Walker Art Center in Minneapolis, Minnesota. The Walker Art Center has recently completed its pilot season of a program influenced by its east coast neighbors. Focusing on these programs in art museums in the United States, museum educators can understand their strengths, weaknesses, and future implications for this demographic.

Meet Me at MoMA: The Museum of Modern Art

An overview of museum program offerings for Alzheimer and dementia sufferers must begin with The Museum of Modern Art's groundbreaking *Meet Me at MoMA*. This program is part of a large amount of offerings for visitors with disabilities and/or accessibility limitations at the MoMA. According to the museum website, *Meet Me at MoMA* "provides a forum for dialogue through looking at and making art. Specially trained museum educators highlight themes, artists, and exhibitions during an interactive program in the Museum's galleries and classrooms."³⁷ Common to other programs of this nature, the tour takes place monthly on weekdays in the afternoon when the Museum is

³⁷ The Museum of Modern Art website. "Calendar of Programs."
<http://www.moma.org/visit/calendar/programs/36?day=23&motn=7&year=2009>. (Accessed 9/13/2009).

closed to the rest of the public. In addition, preregistration is required and there is no fee. The MoMA also provides FM assistive listening devices. The program is meant for early and moderate stage Alzheimer's patients and their caregivers. However, some of the visitors in later stages of Alzheimer's disease still attend at a different level of engagement.

Meet Me at MoMA began in 2006 and "grew out of years of research, pilot programs, focus groups and working with Alzheimer's organizations to determine whether viewing and discussing art offered people with Alzheimer's an opportunity for positive social engagement, self-expression and brain stimulation."³⁸ Francesca Rosenberg is The MoMA's Director of Community and Access Programs. Rosenberg has this to say about the reason why *Meet Me at MoMA* is so successful: is because "What's nice is that a piece of art doesn't require any memory. It's right in front of you."³⁹

The fact that *Meet Me at MoMA* is one of the first of its kind has come with a great deal of responsibility. In addition to operating the program, the MoMA has been working with New York University School of Medicine "to study the effect of the program on Alzheimer's patients and their caregivers, if any. Working with MoMA staff, N.Y.U. researchers spent nine months observing the tours, recording impressions, compiling before-and-after questionnaires, and organizing detailed focus groups with participants."⁴⁰ Dr. Mary S. Mittleman is the Director of Psychosocial Research and Support at the Center of Excellence on Brain Aging and Dementia at N.Y.U. and has

³⁸ | Karen Jones. "Keeping Those with Alzheimer's Engaged." *The New York Times*. March 12, 2009, Arts Section.

³⁹ Kathleen Faskelmann. "Alzheimer's Program is One From the Art." *USA Today*. October 16, 2007

⁴⁰ Karen Jones. "Keeping Those with Alzheimer's Engaged." *The New York Times*. March 12, 2009, Arts Section.

served as the principal investigator of the research study. Dr. Mittleman states about her first observation of *Meet Me at MoMA*, "...We were overwhelmed by how involved the participants were. It spoke to the fact that people with dementia in the early stages are people first. They have an illness, and it affects certain areas of their functioning but not all. It is obvious they are enjoying the art and responding to their educators."⁴¹

According to *The New York Times* article, "Keeping Those with Alzheimer's Engaged" a total of more than 2,000 visitors have participated in *Meet Me at MoMA* with a high return rate of 95%.⁴²

In 2009, the research results by New York University School of Medicine were published by MoMA and are available in MoMA's library and reading room. The book is entitled, *Meet Me: Making Art Accessible to People with Dementia*. The findings were extremely important, as they are the first to report "overall improvement in mood" and the benefits of a "shared experience" in an "accepting environment."⁴³ Rosenberg explains why the program works so well: "Because art can trigger emotional responses, and people have emotional memory, it can be a great outlet for people with Alzheimer's. Art also stimulates conversation—people tend to talk when they see a work of art. The program is designed as a forum of dialogue, and that really lends itself to people connecting socially and enjoying themselves. That's why it works."⁴⁴ She goes on to explain the approach of tour guides and the choices of art work for the tour: "When there's a clear figure like this one [Andrew Wyeth's *Christina's World* of 1948], of a woman in a field, it's something almost everyone can look at and come to their own

⁴¹ Karen Jones. "Keeping Those with Alzheimer's Engaged." *The New York Times*. March 12, 2009, Arts Section.

⁴² Ibid.

⁴³ Ibid.

⁴⁴ Jacquelyn Lewis. "Meet Me at MoMA" Artinfo.com. Published December 17, 2007.

interpretations about.” In terms of abstract works, Rosenberg cites Piet Mondrian’s *Broadway Boogie Woogie* of 1942-3, “People can relate to the shapes and talk about the patterns and rhythm. Some people also bring their own history into this, and they are able to tap into their long term memory.”⁴⁵

Dr. Mittleman notes about the relationship between the caregiver and the patient, “The well spouse was able to see the ill spouse could still take part in ordinary, normative activity. Because there is no stigma within the group, caregivers can really enjoy themselves.”⁴⁶ These results are especially promising to combat the common belief that little can be done with people struggling with Alzheimer’s disease and other dementias. Explains Bruce Miller, a spokesman for the Alzheimer’s Association and a neurologist at the University of California-San Francisco, “Ten years ago, people would have said there is nothing we can do when someone gets a progressive brain disease.”⁴⁷

The immense popularity and proven effectiveness of *Meet Me at MoMA* propelled the MoMA to start the MoMA *Alzheimer’s Project: Making Art Accessible to People with Dementia*. The recently published book, *Meet Me*, is part of this project. The Alzheimer’s Project provides support to other museums looking to develop programs for this demographic and it is completely free. The Alzheimer’s Project includes: “print and online training guides and nationwide workshops.”⁴⁸ The Project is funded by a two-year, \$450,000 grant from the MetLife Foundation.⁴⁹ The MoMA did not work alone on this venture. Artists for Alzheimer’s (ARTZ) with the Hearthstone Alzheimer’s Family

⁴⁵ Jacquelyn Lewis. “Meet Me at MoMA” Artinfo.com. Published December 17, 2007.

⁴⁶ Karen Jones. “Keeping Those with Alzheimer’s Engaged.” *The New York Times*. March 12, 2009, Arts Section.

⁴⁷ Kathleen Faskelmann. “Alzheimer’s Program is One From the Art.” *USA Today*. October 16, 2007

⁴⁸ Karen Jones. “Keeping Those with Alzheimer’s Engaged.” *The New York Times*. March 12, 2009, Arts Section.

⁴⁹ The MoMA Alzheimer’s Project Website. <http://www.moma.org/learn/programs/alzheimers>. Accessed 9/18/09

Foundation worked with the MoMA from 2003-2006 with interviews and pilot programs, which served as the foundation of Meet Me at MoMA.⁵⁰ The Alzheimer's Project has several goals:

- Continue and improve the Meet Me at MoMA program, which features interactive tours of the Museum's renowned collection of modern art and its special exhibitions for individuals in the early and middle stages of the disease, along with their family members and caregivers;
- Determine best practices in creating, developing, and implementing art-looking gallery tours and related programming for individuals with Alzheimer's disease and their caregivers in an art museum setting, and for individuals in assisted living facilities or at home;
- Offer resources as well as ongoing and practical training to other museums, associations, organizations, and individuals interested in offering similar programs that meet the interest and needs of their local communities;
- Outreach to various outlets and communities to raise awareness of, and advocate for, the benefits of making the arts accessible to individuals with Alzheimer's and their caregivers.⁵¹

With The Museum of Modern Art developing and continuing a project of this size and the growing awareness of Alzheimer's disease in the public eye, the future is bright for educational programming for future generations who may be afflicted with this disease.

Over forty museums have reached out to The Alzheimer's Project for help in developing their own programs. The Utah Museum of Fine Arts in partnership with the Arts in Caring Council has developed a memory tour based on *Meet Me at MoMA*. The Utah Museum's program is an interactive tour in which visitors look at art as "a simple expressive outlet and a forum for dialogue."⁵² The MoMA partnered with StoryCorps in May 2009 to record the legacies of Meet Me at MoMA's visitors. StoryCorps' Memory Loss Initiative is an organization that takes Storykits, or a "recording studio in a

⁵⁰ The MoMA Alzheimer's Project's website. <http://www.moma.org/learn/programs.alzheimers>. Accessed 9/18/2009.

⁵¹ Ibid.

⁵² Arts in Caring Council website. <http://artsincaringcouncil.club.officelive.com/meetmetatmoma.aspx>. Accessed 9/13/2009.

briefcase” and records conversations with people who are afflicted with Alzheimer’s disease and other dementias.⁵³

Author Observation

On Tuesday October 13, 2009, the author observed the Meet Me at MoMA program at The Museum of Modern Art. The program occurred from 2:30pm to 4:00pm. Visitors for the program entered through the Film and Administrative entrance located east of the main entrance to MoMA. A large staff welcomed each visitor at the registration desk. Each visitor and his/her care partner were given color coordinated nametags to indicate which of the six groups they would be part of that day. Each visitor picked up his/her own stool from a rack and sat on it while the volunteer, Diane, took care of any administrative concerns. Within a few minutes the freelance educator, one of fifteen working for *Meet Me at MoMA*, named Anne joined the group. Visitors with hearing difficulties tested their FM Assistive Devices to ensure its working condition. There were several problems with the FM Assistive Device throughout the tour, however the volunteer was able to get a new one for the tour guide in a timely manner.

The green group that was observed had a total of twenty-one people. Sixteen members of the group were female and the remaining five were male. The age of the group ranged from late fifties to nineties, based upon appearances. The stage of Alzheimer’s disease of the members of the group appeared to be early to late middle, however it is impossible to accurately indicate this by observation only. It sometimes was also difficult if not impossible to guess who was the care partner and who was the visitor with dementia in the group. The registration process for the program is very

⁵³ StoryCorps website. <http://storycorps.org/blog/door-to-door/new-york-ny/meet-storycorps-at-moma/> Accessed 9/13/2009.

minimal; therefore this information could not be gathered. The ratio between the care partner and visitor appears to be one to one based on their interactions. As previously stated, there was one volunteer, Diane, and one educator, Anne, for the group. There were altogether six groups that afternoon with a total of 96-100 people present according to Alzheimer's Project educator, Laurel Humble. As the visitors walked towards the waiting area, one man stated that the program "really breaks up the day."

The museum educator, Anne, was very clear with her introduction and theme for the day. Each group also had a security guard because the museum was not open to the general public. The group took the elevator to the fourth floor to the permanent sculpture and painting collection to begin the educator's introduction in a quiet space. The area surrounding the rest room area where the group waited originally was loud and distracting and the visitors looked overwhelmed and distracted. The fourth floor however was uncluttered and quiet, restoring the visitors' energy. The theme of the program was everyday objects as seen in art. Anne stated that the program "is for all of us" she wished to "encourage conversation."

Anne made sure that everyone was seated on their stools and could both see and hear her clearly. They settled in front of the first object, Jasper John's (American, b.1930) 1955 painting, *Green Target*. Anne kept the group's conversation focused throughout the whole tour. Her formula included asking first for a simple description, followed by a discussion of the history and artistic intent of the artwork. Anne asked for input from the group regarding the color, shape, and composition of the piece. She did not, at first, provide details such as the artist's name, year of production, or materials used unless prompted. The visitors were hesitant to reply at first so Anne asked, "What

color do you see?" Several visitors answered "green." Anne always called each visitor by his or her name and was very gestural. She used descriptive words and compared the appearance of the piece to velvet so the visitor could envision a more tactile experience without touching the piece. Dynamic responses from visitors such as Rhoda, "I want to throw darts at it" indicating the work's target, are commonplace throughout the tour.

However, there were some early challenges for the educator. One visitor, William, was not certain he could appreciate MoMA's collection because of its vast difference to more classical works he enjoys at The Metropolitan Museum of Art. William stated, "I can't get into it" while looking at *Green Target*. Anne encouraged William to continue to discuss his disconnect with the art by asking, "Why? Is it because it is not recognizable? You aren't able to connect emotionally?" William stated, "it's my fault" in which everyone in the group quickly yelled "no!" It is the difference in point of view that connected the group and created a dynamic environment. There is a sense of safety and community that may not be common for a visitor with dementia. For example, another visitor, Sidney, agreed with William, "If I was alone I would pass by this [referring to *Green Target*]." Sidney believed it is monotone and not interesting. Anne then asked the group to raise their hands if they aren't interested by this work. A large proportion of the group extended their arms upwards. However, another visitor felt a personal connection to the work because of a memory she had involving a similar shade of green. Therefore she decided that she likes the painting. This indicated that she had an emotional connection to the artwork, which triggered her long-term memory.

Anne decided to explain more about the artistic period that Johns was part of, in an effort to help the group appreciate the work. Anne gave a brief description of abstract

expressionism and Jasper Johns's interest in the surface and process of making his art by using everyday items and symbols. The target is something that everyone is already familiar with and therefore they can instead focus on how he decided to depict it, instead of focusing on what it is. Jasper Johns's art making process sparked an interest in the group. Anne also made the artwork relevant to her visitors by asking, "Has anyone played a sport with a target?" This provoked many different responses from the visitors. Nearing the end of her discussion on *Green Target*, Anne made sure she repeated her main points about the work.

The second painting was within feet of *Green Target*, in deference to the limited mobility of some of the visitors. Located in the left corner of the gallery *Map* of 1961 is also by Jasper Johns. Again, the first concern was physical accessibility--ensuring that all visitors were comfortable and could see and hear. The first part of the discussion was centered on the description of the work: color, material, line, composition. After that Anne talked about the history of the painting and what the artist may have meant by it. Anne prompted the group by stating, "if someone wasn't in the room, how would you describe the work to him or her?" Many replies shot out into the gallery immediately: "map of the U.S.A., abstract, beautiful color, pleasing." Anne asked what appealed to the group about the work and they answered in unison "the color." Some of the visitors disagreed as to whether the work should be classified as abstract or not. Rhoda asked fellow visitor Marie why she called the work abstract. Marie answered, "it is painted abstractly- but it is accurate to a map of the U.S.A." They continued to go back and forth until they came to an agreement that the work was accurate but painted in an abstract matter with dripping paint and with no meaning beyond the color of the different states.

until William again indicated his disconnect with Johns's works. Again Anne asked the group to show with their hands raised if they like the painting, and once again the number of visitors who did so was small. However, Anne was not discouraged and the works they were seeing do not upset the group. In fact, the group spent a lot of their time telling jokes and appearing very happy to be able to talk with others. Anne summarized important facts and the main points of their discussion before finishing with this piece. She transitioned to the next work by stating they will be viewing a Swedish artist's take on their theme of everyday items.

Two galleries away, the group settled down in their stools. This time Anne told the group to pick a partner to discuss in a small group a story that explains the work they were viewing in two to three minutes. The work in question is Daniel Spoerri's (Swiss

Anne allowed the interaction and open forum structure to encourage the growing sense of community that was developing.

Another problematic situation arose when an overly excited visitor, Evelyn, walked up close to *Map* saying “you can look and look and find some more!” Anne applauded this and stated, “Yes, Jasper Johns took an image the mind recognizes...” However, she was unable to finish as Evelyn started to touch the painting. This is a common problem with museum tours for this audience as seen also at the *Met Escapes* program. The educator must not be too harsh on the visitor but also protect the museum’s collection. Anne rose to Evelyn and held her hand gently as she attempted to touch the painting again in her excitement. Then Anne used her hands to point to the

interaction with the audience and the importance of the collection and the museum’s role in

born Romania, 1930) *Kichka's Breakfast I* from 1960. The work consists of a chair attached to the wall with the seat facing the audience. The seat is covered with a wooden board which houses the remains of Spoerri's girlfriend's breakfast including a coffeepot, china, tin cans, etc. Immediately the group viewed the work with suspicion. "Is this considered a work of art?" one visitor quickly announced. One visitor, Beverly, was especially uncertain of the work's value: "Does hanging it on the wall make it art?" While the other visitors started a heated discussion on the art's merits, Anne took control promising to return to these questions, but first wanted to focus on the simple description. She was quick to state that various interpretations are allowed and none are wrong. William tried to appreciate the work by commenting on how the viewer's perspective on art can change with age and that he had a greater connection to modern art as a younger man. One visitor yelled out that the work gave her vertigo.

After the visitors were able to say what they believe the work is about, Anne told them some biographical information about Spoerri and explained the context of the work. Anne also compared Spoerri to famous Dada artist, Marcel Duchamp, by showing the visitors a picture of Duchamp's *Bicycle Wheel* from 1913-1914. Duchamp's sculpture shows a wheel in a stool, again items that are familiar to the visitor but positioned in a unique way. Visitors were able to perform an analysis of the two artists' works. Anne continued to explain why Spoerri made his work. Alas, she has not won over Beverly who is still uncertain if this item in MoMA's permanent collection should be classified as art. Her care partner, Barbara, hugged her and said, "You're a piece of work" after Beverly repeatedly muttered "so if it's on the wall, it's art."

Some of the visitors throughout the program seem more excited to tell stories to a captive audience. Anne always tried to relate each visitor's input to the theme of her tour. The educator would use phrases such as "I like what you are saying Seymour" to try to have the visitor wrap up his thoughts and transition the tour back to the topic at hand. In the end, Anne told the questioning visitors that Spoerri's suspended chair on the wall was intended by the artist to push its viewer to question what art is. Thus, his intent appeared to be fulfilled, as that is exactly what happened.

Nearing the end of the tour it had become apparent that several of the visitors remembered previous art they had seen during other *Meet Me at MoMA* past tours. Seymour and Betty discussed similarities between works they had discussed prior and seemed to bond over their common knowledge. The tour was almost over but Anne planned to visit two other works and decided to give the group a choice: which of the two paintings nearby would they like to discuss? The group picked a work by Tom Wesselmann (American, 1931-2004) from April 1963 entitled, *Still Life #30*. The same formula used for all the previous works discussed is used: the educator first evaluated the comfort and viewing accessibility of each visitor; second, the group was asked to describe the work; lastly, the possible meaning of the work was discussed and visitors' opinions were voiced. After sectioning off different areas of the complex collage of materials ranging from an old-fashioned tin ceiling to a pink refrigerator all echoing the aesthetic of a 1950s era kitchen, the group investigated the physical production of the work. William was again struggling to accept Wesselmann's still life as a viable example of art. He stated, "Other museums don't have a collection that I see at home. I know artists say 'it's all been done before' so they have to break away from the old-

fashioned...” Anne tried to dissect what William and also Seymour were trying to say. She understood that they value The Metropolitan Museum of Art’s collection and find it harder to appreciate art that is so similar to what they could see at home. The discussion continued to the use of pink as an indicator of the traditional gender roles in the kitchen in Post World War II America. While this work is still abstracted, the visitors seemed more comfortable with it as it related directly to their generation through the use of common Post World War II items.

At this time it is almost 4:00pm and many of the visitors who were picked up from the museum became restless. Anne sensed this and quickly said, “I really enjoyed this group today and thank you so much for sharing.” Everyone clapped and said thank you while receiving family passes to the MoMA. The use of family passes is also a common practice by museums of similar programs because it encourages the caregiver to bring the visitor back to the museum to educate each other. Rosenberg’s statements about *Meet Me at MoMA* (regarding its role as a forum for dialogue and a highly social environment) yield parallels to the characteristics of adult learners by focusing on the experience and need of socialization of the visitor. By considering the learning characteristics of its visitor, *Meet Me at MoMA* benefits its audience greatly

Author Evaluation

Overall the *Meet Me at MoMA* program has provided a strong example for other museums looking to provide educational programming for visitors with dementia. Built on a sturdy foundation of research, led by well-trained educators, and structured to provide a public forum for an isolated audience, the program is very successful. While there were a few obstacles during the program including security of the artwork and

environment overstimulation, the educator was able to overcome these challenges focusing on putting the needs of the visitors first. The goal of the program was not to cram the visitors' head with knowledge, but rather to provide mental stimulation by asking open-ended questions and encouraging social learning in a safe environment. The positive results of studies published by MoMA are further evidence of its success.

Met Escapes, The Metropolitan Museum of Art, New York City

The Metropolitan Museum of Art started its initial planning for a program for persons with Alzheimer's disease and other dementias in the fall of 2007.⁵⁴ By then, the Met's education department had already received several requests from residences with patients with dementia for such programming, which had proven to be beneficial and successful at MoMA. The first programs were conducted in January 2008. The program was eventually called *Met Escapes* and was marketed as a program that would allow "individuals living with dementia, together with their family members or care partners, to take a break from the everyday with art at the Museum. Through discussions, handling sessions, art making, and other interactive and multisensory activities in the galleries and in the classroom, we will travel through time, using the Metropolitan's collections spanning 5,000 years of world culture."⁵⁵ The program went through a short pilot program in which the Metropolitan's educators researched and observed the *Meet Me at MoMA* program. The educators had intensive training with a neurologist and genetic counselor before they started the program. These medical professionals told the educators what to expect and explained the various forms of dementia.

⁵⁴ Deborah Jaffe. Interview by Kathleen Henry. 30 September 2009.

⁵⁵ The Alzheimer's Association Website. <http://www.alznyc.org/events/met-escapes.asp>. Accessed 18 September 2009.

Met Escapes differs from MoMA's program in its offering of art making and handling sessions in addition to the interactive gallery tour. Furthermore, the *Met Escapes* program chooses to not use the terms "Alzheimer's disease" and "dementia" during the program offering. Jaffe explains the decision to include art making in the program's schedule "We wanted to give people another option-especially visitors with Alzheimer's disease but certainly not limited to, those who couldn't express themselves verbally. We keep the projects relatively simple and open-ended."⁵⁶ The staff learned about the different types of dementia and participated in follow-up sessions where individual staff members could ask specific questions about various scenarios that had come up doing the program sessions during training. Reactions to the program have been mostly positive.

The Metropolitan staff continues a relationship with the Taub Institute for Research on Alzheimer's Disease and the Aging Brain and Alzheimer's Disease Research Center at Columbia University to ensure that the continuously changing information about Alzheimer's disease is available and applied to the *Met Escapes* program. The *Met Escapes* staff also makes certain to plan everything to be relevant to its attendees. There is an "Access Team" in place that accesses the art works chosen to be included in the program and other accessibility concerns. The Met staff also carefully evaluates its program through evaluation forms and requesting feedback from visitors and educators. They often call the visitors after a program to gain feedback. In addition, the "Access Team" evaluates the volunteers and paid staff that lead the programs on a regular basis. A researcher from Columbia University that has been involved from the beginning also evaluates most of the weekday programs.

⁵⁶ Deborah Jaffe, e-mail message to author, September 30, 2009.

According to Deborah Jaffe, the program is in such demand that there are waiting lists. With the estimated rise of cases of Alzheimer's disease, Jaffe believes it will be difficult to meet the need for this type of programming, especially in view of dwindling museum budgets.⁵⁷ *Met Escapes* has worked to help other museums in developing their own educational programs for visitors with Alzheimer's disease and other dementias. The Walker Art Center and the American Folk Art Museum have both reached out to the Metropolitan for guidance. Deborah Jaffe believes this is a symptom of the growing interest in the museum community to serve this demographic group.

Author Observation

On September 30, 2009 the author observed The Metropolitan Museum of Art's *Met Escapes* program. The program occurs one Wednesday a month from 2:00-3:30 PM. The program was an interactive gallery tour. Six staff members and volunteers led the program. The group started in the Art Study Room located by the 81st entrance. Prior to the day of the program Metropolitan educator Christena Gunther registered each visitor and nametags were made. The group included thirty-eight people in total but they were divided into different sub-groups. These groups were pre-determined by Met educators based on accessibility and intellectual concerns. Stools were also provided for each visitor, which is handled, by the staff and volunteers to ensure everyone is physically comfortable. As each visitor entered the meeting space they were warmly welcomed, given a nametag, and placed in a "pod" or a circular table with chairs with the group they were assigned to by the educator. All of these steps were especially designed to allow the visitor to feel comfortable in a new place. FM assistive devices were also available to

⁵⁷ Deborah Jaffe. Interview by Kathleen Henry. 30 September 2009.

any visitor who had hearing difficulties, which is indicated prior during the registration process. The staff and volunteers also carried stretchers, palettes, oils, brushes, handouts, and more to assist them in their gallery tour.

In the sub-group the author observed, one of eight present for the program on that particular day, there were two men and six women, all of whom appeared to be older than fifty years. As in the MoMA, it was difficult to assess the level of Alzheimer's disease or dementia of the visitor or to immediately know who was the caregiver or the patient. The program conducted for this group focused on the theme of landscapes. The goal as defined by the educator was to keep the visitors engaged while telling stories and understanding something about landscape painting. The educator acted as the discussion leader and facilitator for the program. The role of the caregiver was to be part of the class and sometimes to keep his/her companion engaged. The educator throughout the gallery tour asked and answered questions, modeled visitor behavior, and acted as an accessibility coordinator. The educator used key phrases to engage the visitors such as "do you get a sense?" The educator also kept the attention of the visitors by talking to them by name, asking questions, using props, and using vivid body and facial expressions. The tour covered several landscape paintings of different cultures and time periods. All of the paintings were referred to throughout the tour to encourage connections to be made between them. The visitors learned new skills and vocabulary, including art techniques and types of art works. The learning approach by the educator also focused on the physical limitations of the visitor. At the Metropolitan the educators divided up by the groups by their similar physical and mental limitations, so the educator could focus her energies on their particular needs.

There were a few challenges in the course of the gallery tour. The visitors often appeared overwhelmed when traveling through the galleries due to the crowds in the museum. Sometimes noises from other visitors distracted the group and prolonged stays at certain paintings were too long for the visitors to keep their attention. However, some of the visitors were highly engaged throughout the program.

The first artwork shown to the group was *Wheat Fields* by Jacob Van Ruisdael's (Dutch, 1628-1682). The educator adopted a very open-ended approach by asking the visitors to "look around at it." The educator also reacted to the facial expressions of the visitors by saying "I see you smiling." One of the visitors, Gay, picked out little details in the painting such as a hidden house in the background. The educator also used a lot of grand gestures to capture the attention of the visitors. It was a casual atmosphere that allowed the dialogue to go back and forth easily. There was also a sense of teamwork that was accented by the educator using phrases like "we found that together." The care partners and the persons with dementia were treated exactly the same. Art history terms such as foreground, middle ground, and background were introduced, explained, and used. Open-ended questions were explored by the group, for example, "why is this such a powerful painting?" The educator used props including linen to explain art techniques and it was passed around to allow a tactile experience. By 2:35 PM, with over twenty minutes spent on discussing the first painting, some of the visitors were losing interest as others dominated the conversation.

The next painting in the gallery tour was *View of Toledo* by El Greco (Spanish, 1541-1614) The educator tied the painting to the previous artwork by asking if the same person could have painted them both. The visitors continued to compare and contrast the

two paintings. The conversation became similar to story telling, turning the painting into a narrative. Visitors were also asked for their emotional reactions to the colors used by the artist. The third and final painting discussed was *The Penitence of St. Jerome* by Joachim Patinir (Flemish, 1480-1524). The educator asked what was the first thing the visitors noticed in the painting. She also made sure to connect the work to all the previous paintings and the general theme of landscapes. After this painting, the educator gave the visitors a handout pertaining to *The Harvesters* because they did not have time to visit that painting. However, the educators encouraged the group to visit that work and other artworks in the museum, utilizing the skills they learned. One of the goals of the program was to teach the care partner how to view the artwork of the Metropolitan while visiting the museum with their Alzheimer's patient. By providing examples of how to engage the visitor through inquiry and open-ended questioning, the educator helped prepare the caregiver for more learning opportunities at the museum.

Author Evaluation

The *Met Escapes* program provided a more intimate environment for its visitors as it worked with smaller groups. This program also involved the caregiver more actively than the *Meet Me at MoMA* program. Often the educator would question the caregiver in addition to the visitor with Alzheimer's until it became difficult to know who was who. The educators knew most of the participants from previous visits and were able to monitor their changes in behavior over time because of the intimate nature of the program. Furthermore, the comfort level of the participants was not challenged by artwork that was unfamiliar to them. While the MoMA's abstract artwork increased dialogue, it also challenged some of the visitors' comfort zone. In comparison the

Metropolitan's more classical works helped the visitor ease into the program by having strong narratives represented in the paintings discussed. The type of artwork approached in the two different museums may also have a difficult result in the near future with the baby boomer generation, which is generally more familiar and comfortable with modern art. The Metropolitan and MoMA's programs shared one common challenge: the difficulty of moving around a large space. The Metropolitan's crowded galleries were difficult for the group to walk through and often distracted the visitors. In addition to crowded spaces the educators at both the MoMA and the Metropolitan had visitors who tried and succeeded in touching artwork. Thus, the educators had to monitor the visitors' behavior and show to correctly interact with the museum collection through modeling their behavior. Overall the Metropolitan has positive anecdotal reports of its program, but lacks the more in-depth, published findings that the MoMA currently provides.

Folk Art Reflections, The American Folk Art Museum

The American Folk Art Museum is literally a neighbor of the MoMA, even sharing a wall. Like The Metropolitan Museum of Art, The American Folk Art Museum started its program, *Folk Art Reflections*, because of the increasing demand for programs for this audience. The museum advertises its program as "an interactive and discussion-based program for individuals with Alzheimer's disease and their family members or caregivers. Each month, museum educators and docents will explore a different theme or artist with the participants, bringing the world of folk art to life through conversation." According to The American Folk Art Museum educator, Jennifer Kalter, the name of the program was chosen to show its emphasis on extended looking, thinking, relating, and

reacting to art.⁵⁸ While advertisements for the program utilize the term Alzheimer's, the term is avoided in most other references to the program. The registration process is limited to fifteen visitors at a time. There is a registration sheet, which tends to be more involved than those for other educational programs at the museum. As in the Metropolitan, the educators want to know beforehand in what stage of Alzheimer's visitor are, if they are verbal or nonverbal, if they have attended other programs before or are familiar with the museum, and if there are any accessibility concerns. The educator at The American Folk Art Museum consulted the MoMA and the Alzheimer's Association of New York in the development of the program. There have been a few issues with space and funding limitations, which have caused the program to start small. Moreover, programs have had to be held during open hours. Nonetheless, the popularity of the program has allowed for it to grow to twice as many tours in its second year. And Kalter believes the need for the program will only continue to increase, not only because of the aging baby boomer generation but also because it is easily adaptable to other populations who would equally benefit from it.

Like the access team for the *Met Escapes* program, the educators at The American Folk Art Museum carefully choose the collection pieces they discuss on the tour. The main reason for picking certain works is to ensure that the spaces surrounding the works are comfortable for the group since there are many tight, small spaces in this architecturally unique museum.. The educators also like works that can encourage a narrative and show extended variables like different points of view. Like other group

⁵⁸ Kalter, Jennifer. Interview by Kathleen Henry. 15 October 2009.

tours offered at the museum, the objects have to be easy to access and have a certain level of familiarity. The educators limit the level of abstract objects on the tour.

Folk Art Reflections also focuses on the caregiver. This is a common thread throughout the Alzheimer's and dementia museum programs. They encourage building stronger relationships between the visitor and caregiver and promote the participation of the caregiver in the program as well. However, The American Folk Art Museum would not turn away a visitor with dementia who did not come with a caregiver. If a visitor with advanced Alzheimer's is alone, the museum will look for a staff member or volunteer to help with this person.

Author Observation

The author observed a session of *Folk Art Reflections* at The American Folk Art Museum on October 15, 2009 from 2:00-3:30 PM. Jennifer Kalter, the manager of school and family programs, was the only staff member present for the program. There were no volunteers involved. The group met in the museum lobby where they received nametags and accessibility concerns were addressed. Everyone took the elevator to the fifth floor to view the gallery. Kalter introduced herself and the program and in doing so created a sense of welcome..

The number of visitors was much smaller than in MoMA or the Metropolitan. There was one group of eight persons consisting of five women and three men. The age of the visitors appeared to be sixty or older with one caregiver appearing in her thirties. The overall stage of Alzheimer's in the visitors appeared to be early to middle.

The theme of the gallery tour was materials and art that show places. The goal of the tour was to look for common themes within the works shown. Jennifer Kalter acted

as the discussion leader. Like the other museums educators, she used open-ended questions such as “What does this remind you of?” to engage the visitors. She also used addressed the visitors by name and looked for people who were having problems staying alert to ensure the experience was relevant to them. Kalter was also careful to use transitions between artworks such as “I want to look at other items that use materials in a non-traditional way” in order to structure the tour. She reviewed information frequently to help the memory of the visitors. She also asked questions to learn more about the visitors so she could relate the artwork to their backgrounds. Humor was an important element of this gallery tour, as it was at MoMA.

The objects that were used in the gallery tour included *Busk with Harbor View* by an unidentified artist, *Pair of Scrimshaw Teeth* by an unidentified artist, and lastly *Cathedral in Heaven* by Howard Finster (American, 1916-2001). Even though the works were chosen with spatial considerations in mind, most of the spaces surrounding the artworks were still very tight so visitors took turns viewing the objects. Often Kalter asked the visitors what materials were used in the artworks to provoke a guessing game. Storytelling and producing a narrative of how the artwork was made is also a technique she used to engage the visitors. It was clear by the end of the tour that, while some of the visitors were tired, they were still very much engaged. A visitor named Fran, who was also at the MoMA program that week, even rose from her wheelchair to view a piece of artwork closer.

Author Evaluation

Folk Art Reflections provided the most intimate of all the programs observed by this author. The group was much smaller and traveled within less space during the

program. These aspects of the interactive tour made the experience of the program more personal which is especially important for visitors with special needs. The objects studied during the course of the tour also were very suited to the needs of these visitors because they could easily relate to them. . The approach of the educator was similar to the one used in the Metropolitan and MoMA. She asked basic open-ended questions to promote dialogue. Once again the challenge that The American Folk Art Museum faced was spatial. The architecture and layout of the museum prevented the group from viewing certain works that were hidden in smaller nooks of the gallery space. However, the educator worked around the obstacle and picked art works that were more accessible to the visitor. All of the NYC museum programs observed had environmental obstacles but the audience-focused attitude of the educators overcame all of the challenges.

Contemporary Journeys, The Walker Center of Art

The Walker Center of Art in Minneapolis, Minnesota also developed an educational program because of the increasing demands of visitors with Alzheimer's disease and other dementias in this area of the United States. The program is called *Contemporary Journeys* and it falls under the larger umbrella of their Open Door Accessibility Initiatives at The Walker Center of Art. The program is an interactive tour with the possibility of hands-on art making. For each tour there is a lead tour guide and one assistant, who is either a tour guide or education staff member. The Walker's Art Lab Coordinator Ilene Krug Mojsilov runs the art making workshops.

The program was started in January 2008 in conjunction with a local organization called the Goodman Group, which manages residence homes. The staff at the museum visited the local organizations that wished to be included in the program in the summer of

2008 and then started to conduct the tours and art labs in fall 2008. The Walker Center of Art consulted the MoMA, the Alzheimer's Association of MN-ND, the Minneapolis Institute of Arts, the Virginia Museum of Art, the Amon-Carter Museum of Art, the Museum of Fine Arts in Boston, the Metropolitan Museum of Art, and staff at two local memory care residences. The program was piloted for one year.

Proper training was key for the staff and volunteers involved in the *Contemporary Journeys* program. The museum worked with a specialist from the Alzheimer's Association and held a seminar about the effects of dementia and Alzheimer's on the brain, the best practices for working with people who have memory loss, and much more. A representative from MoMA also conducted a workshop, and modeled tours, while also helping workshop participants with creating their own tours. Throughout the pilot process the museum continued to have debriefing sessions with care professionals at the Alzheimer's and dementia residences in the area. The program has been positively received and the care residences involved in the pilot are continuing to book monthly programs at The Walker.

Overall, the feedback for *Contemporary Journeys* has been very positive. Quotes from participants in the program include, "I didn't think I would enjoy myself but I did" and "It's so exciting to be here." As in most of the museums discussed in this thesis, the results have only been assessed subjectively. No objective, scientific studies have been done to measure the effects of the program on the disease. In addition to positive feedback, the museum received a two-year \$50,000 grant from MetLife to fund the development and evaluation of the programs for people with Alzheimer's, along with other access programs.

There have been some challenges, mostly logistical. Physical accessibility is a major problem for the program at The Walker Center. Many of the participants have difficulty walking so the staff aims at keeping the tours confined to one or two galleries and also have chairs available. It is difficult, according to Courtney Gerber, the Assistant Director of Education at The Walker Center of Art, to put out chairs in advance and make sure there are enough people available to escort participants. The logistics are harder than those of a typical tour. Staff members are also aware of the unresponsiveness of some visitors or the unusual responses they may hear. In order to work with this challenge, the tour guides have strategized to keep their own and the visitors' energy level high and have practiced how to address off-topic comments and integrate those that address the tour. They have also purchased FM assistive listening devices to help visitors with hearing loss.

The future of *Contemporary Journeys* is looking bright. The museum is in the process of reaching out to support groups and care facilities throughout Minnesota. The program will be also formally evaluated by a professor in the School of Nursing at the University of Minnesota from October 2009 to June 2010. The results of the evaluation will be used to measure the efforts of the museum and pique of the interest of additional visitors. The museum will also be hosting an open house for area care partners. Gerber believes these efforts are especially important because "the number of individuals with Alzheimer's is increasing rapidly. The awareness of the need for social outlets for people with Alzheimer's and other forms of dementia is expanding."⁵⁹

⁵⁹ Courtney Gerber. Interview by Kathleen Henry. 23 October 2009.

Closing Section on Case Studies

The four programs for patients with Alzheimer's disease or other dementias in the MoMA, the Metropolitan, The American Folk Art Museum, and The Walker Center of Art represent different stages of development. Some, like MoMA's, are established; others like The Walker's are still relatively new. It appears, however, that all four museums have developed and implemented their programs in similar ways and all have received positive feedback. Museums that want to develop and implement similar programs can learn a great deal from these institutions, both in the research and implementation phases.

Chapter Three: Evaluation of the Case Studies and Museums as Behavioral Treatment for Dementia

Evaluation Methods of Programming

Evaluation is one of the most important steps in developing and operating an educational museum program. However, it can be very difficult to judge a program for visitors with Alzheimer's disease. One tried and true method of evaluation is an interview with participants including the persons with Alzheimer's disease and their caregivers. Another, less orthodox, involves asking the participants to draw parts of the museum experience as a substitution for a written comment. This is especially helpful for visitors who have difficulty with their written communication skills. In his article, "Making Meaning in Museums: There's a Lot to Learn," Worts argues that this form of evaluation is an "important psychological phenomenon."⁶⁰

The programs at The Museum of Modern Art, American Folk Art Museum, The Metropolitan Museum of Art, and The Walker Center of Art have used various forms of evaluation but MoMA is the only program that currently has a fully structured and published research study available. The Metropolitan Museum of Art and The American Folk Art Museum have used the findings from MoMA's research since their programs were greatly influenced by MoMA and have a similar structure and approach.

Informal and Scholarly Evaluation of Meet Me at MoMA

As previously mentioned, as part of The Alzheimer's Project, The Museum of Modern published *Meet Me: Making Art Accessible to People with Dementia* and an

⁶⁰George E. Hein, *Learning in the Museum* (New York City: Routledge, 1998), 123.

accompanying *Meet Me: Art Modules* text in 2009. The publications were designed to give an overview of Alzheimer's disease and present research on the effects of the program, as well as to provide information for other cultural institutions to develop their own programs. The publication records many visitors' reactions to the program in an anecdotal approach that is typical of evaluations of these types of programs. For example, one caregiver's response addressed her Alzheimer's afflicted husband's reaction as follows: "For me the joy was more watching him enjoy it so much. But he has in fact studied art more than I have. Watching him and talking to him afterward about how much he got from it—and he was so excited about it—that just meant so much."⁶¹ Another response that is quoted in the publication is of a participant with dementia: "You feel younger, more vibrant, when you go home...more connected with the world."⁶²

But the evaluation in MoMA's publication is not just anecdotal. There are also important findings by key researchers including Meg Sewell from Mount Sinai School of Medicine who studied *Meet Me at MoMA*. Sewell states "Research has shown that memories that get encoded visually versus just aurally are very powerful, both in normal aging and in patients who have cognitive impairment. Consequently, visual stimulation is very powerful. It may also trigger visual memories that a person may not be able to expand upon verbally."⁶³ But though Sewell believes that the visual stimulation may lead to some memory improvement, she argues that the contribution the program makes to patients' quality of life is much more valuable. As she writes, "I don't think we need to

⁶¹ Laurel Humble, Carrie McGee, Amir Parsa, and Francesca Rosenberg. *Meet Me: Making Art Accessible to People with Dementia*. (New York: The Museum of Modern Art, 2009) 33.

⁶² Ibid., 37

⁶³ Ibid., 58.

say, ‘Ugh, well, there’s no scientific proof that this works, because you didn’t remember words on my memory tests after you participated in one of these programs.’ I think it’s much more reasonable and important in the long run to focus on quality-of-life outcomes. They’ve more meaningful, they’re more practical, and they’re more realistic for this group of people”

MoMA educators have dedicated an entire section of their publication to evidence-based research into the quality of life outcomes of *Meet Me at MoMA*. The research study was spear headed by the Psychosocial Research and Support Program of the New York University Center of Excellence for Brain Aging and Dementia in partnership with MoMA.⁶⁴ Mary Mittleman, Dr. P.H. and Cynthia Epstein, L.C.S.W. headed the study for nine months. The study used an assortment of assessment tools, gauge participants’ reactions. This form of evaluation was very important, as it was one of the few published studies in which persons with dementia responded for themselves without the assistance of their caregiver. One example of these scales was the Smiley-Face Assessment Scale, which used visuals of smiley-faces ranging from very sad to very happy.⁶⁵ The research also focused on observation and take-home evaluation forms for the participants.

The overall findings from this study were positive. In the Smiley Face Assessment, participants including both the person with dementia and the caregiver indicated improved moods from the beginning to the end of the program.⁶⁶ Observation studies also showed an overall “consistent interest and focus on the educator and the art”

⁶⁴ Laurel Hunble, Carrie McGee, Amir Parsa, and Francesca Rosenberg. *Meet Me: Making Art Accessible to People with Dementia*. (New York: The Museum of Modern Art, 2009) 87.

⁶⁵ Ibid., 89

⁶⁶ Ibid., 93.

during the course of the program.⁶⁷ In summary the take-home evaluation responses also yielded overall positive results with comments highlighting a great feeling of self-esteem and the wish for more similar programs to attend.⁶⁸ Overall the research efforts by MoMA in partnership with the NYU Center of Excellence for Brain Aging and Dementia has shown that *Meet Me at MoMA*, and arguably similarly structured museum programming, can have a positive effect on both participants with Alzheimer's disease as well as their caregivers. This research is especially important because it is the first of its kind and the foundation for *Met Escapes* and *Folk Art Reflections*.

Informal and Scholarly Evaluation of Met Escapes

The Metropolitan Museum of Art has not been able to conduct formal scholarly evaluations like The Museum of Modern Art. It has only conducted informal in-house research including consistent observations of their programs and feedback forms for participants. Overall they have seen positive results from their own in-house evaluations according to educator Deborah Jaffe. One participant who attends the program as the caregiver of his father, Rick Cohen, has frequently commented on his experience. In line with Mary Sewell's ideas, Cohen comments on the lack of increased memory function but the overall positive behavior of his father directly following the program.⁶⁹

Deborah Jaffe also noted that the educators of *Met Escapes* are revisiting evaluation since the start of the program. Jaffee notes that when the program was first conducted the staff developed evaluation forms and wanted feedback from visitors and

⁶⁷ Laurel Humble, Carrie McGee, Amir Parsa, and Francesca Rosenberg. *Meet Me: Making Art Accessible to People with Dementia*. (New York: The Museum of Modern Art, 2009) 97.

⁶⁸ Ibid., 103.

⁶⁹ Rich Cohen, e-mail message to author, October 11, 2009.

educators, which included calling the participants after the program. Jaffe stated that this informal approach to evaluation has slowed. They also do have the assistance of a researcher from Columbia University who visits the program and evaluates them through observation.⁷⁰ A woman who comes to every program with her husband, who is in early-middle stage Alzheimer's, recently wrote to the *Met Escapes* staff, "My level of stress is greatly reduced watching my husband participate in a very stimulating, interactive dialogue regarding the different art works studied during the tour of the galleries. Most importantly, our discussion is carried over to lunch and dinner later in the day. It is wonderful to be able to have these discussions regarding our joint interest."⁷¹

Informal and Scholarly Evaluation of Folk Art Reflections

Like The Metropolitan Museum of Art, The American Folk Art Museum consistently observes its program *Folk Art Reflections*. According to educator Jennifer Kalter, The American Folk Art Museum would like to perform more evaluation to measure the efficacy of its program for grant purposes but lack of personnel and funding has prevented this from occurring thus far.⁷² Kalter has also seen improvements in the visitors attending *Folk Art Reflections*. Kalter does hear positive feedback from visitors' family members and caregivers, who often comment that those in their care are more engaged and verbal following the program.⁷³

⁷⁰ Deborah Jaffe. Interview by Kathleen Henry. September 30, 2009

⁷¹ Deborah Jaffe, e-mail message to author, September 30, 2009.

⁷² Jennifer Kalter. Interview by Kathleen Henry. October 15, 2009.

⁷³ Ibid.

Unexpected Research Findings

While observing the programs in these case studies there was one unexpected finding: the effect of the programming on the care partner. While the relationship between the care partner and visitor was of clear importance to all of the museums one particular demographic of care partners was of interest: those care partners who are hired home health aides from lower economic status and perhaps from a foreign country. It is likely that these persons might not have otherwise attended this program or visited a museum. Therefore these case studies show how a program targeted at one overlooked demographic has also encouraged another underrepresented population to enter these museums' doors.

Chapter Four: Best Practices for Development of New Programs

Based on the findings of the four case studies, the following points seem important to consider when starting programming for visitors afflicted with Alzheimer's disease and dementia. First, all of the museums started their programs in response to a perceived need for educational programs for Alzheimer's patients. These programs are all provided free of charge to the visitors and occur mainly when the museums are closed or have little visitor traffic. Second, the museums in question developed their program in conjunction with scholars and scientists in the field, who could advise them on how to work with visitors with this disease and the best way to serve their needs. Third, the registration process was restructured for this particular group. This is an issue that was handled slightly differently by the individual museums. The Museum of Modern Art chose to not ask many questions about their visitors prior to their participation. As explained by educator Laurel Humble, this was done purposely so that each visitor had different people in their group and would not only be socializing with other individuals that were in a similar stage of Alzheimer's disease. At The Metropolitan Museum of Art, educator Deborah Jaffe described a registration process that had become more detailed over time. She felt that questions regarding visitors' stages of Alzheimer's disease and their physical limitations are of great importance for the successful outcome of a visit. The American Folk Art Museum also has a detailed registration process for the same reasons.

An important issue for all four museums was physical accessibility. Alzheimer's patients invariably are older and may have physical limitations. In all the case studies the institutions made sure they provided stools, wheelchairs, elevators, and FM assistive

devices. Moreover, the educators limited their travel through the gallery space to ensure the comfort level of the visitor. All programs had a set structure to help organize the tour and provide a safe and controlled environment for visitors who may not frequently leave their homes. The visitors were all warmly welcomed and given name tags so the educators could call them by their names during the program. Smaller groups were favored by all museums to allow for a group dynamic that was not overwhelming.

Another common denominator between the case studies was the educational approach of the museum educators during the programs. Each museum's program had an overall theme such as everyday objects, landscapes, and materials that represent places. These themes gave structure to the tour and focused the visitors. They were also common themes that each visitor could easily relate to and discuss.

The dialogue of the educator was also similar in all of the case studies' programs. Each educator used open-ended questions to promote varied responses. The educators started with simple statements, i.e. "Describe the colors and patterns of this painting" to give visitors the courage to speak. The educators also knew when to pull back and allow visitors to talk to one another and form a bond as a group. Often there was sense of an open forum. To get visitors to speak was the goal and the educator did not have a quota of information with which to fill visitors' heads. Educators encouraged humor and narratives in all the programs. Many of the artworks provided the foundation for storytelling, which made the works relevant to the visitor. Overall, the educational approaches of the educators in all the museums provided mental stimulation and social engagement as a behavioral treatment to diminish the effects of dementia.

Current Research Studies Outlining the Benefit of These Programs

Several studies are now suggesting that exposure to art through a museum program can stimulate the brain of a person afflicted with Alzheimer's disease. Besides the obvious reactions from visitors seen in the case studies outlined here, scientific research is starting to make positive connections between museum programming and its participants. One of the main advocates for this type of research is John Zeisel, president and co-founder of the Hearthstone Alzheimer's Family Foundation and Hearthstone Alzheimer Care, Ltd. In his book, *I'm Still Here: A Breakthrough Approach to Understanding Someone Living with Alzheimer's*, Zeisel writes that museum exhibitions "touch people living with Alzheimer's in ways no other experience does. Art experiences enable them to focus for longer periods, to perceive and express their perceptions, and to access both long—and short—term memories. Art of all sorts also enables people living with Alzheimer's and those without it to focus together on something outside themselves, rather than on each other. Such shared experiences bring everyone closer together and serve as a basis for building new and stronger relationships."⁷⁴ Zeisel's comments relate directly to the public forum atmosphere that encourages both the participant and caregiver to interact in all of the case studies outlined.

In Brighton, England, a 1999 study found that approximately half of the Alzheimer's sufferers participating in a 10-week art therapy program had decreased levels of depression. Furthermore these visitors became more relaxed and sociable after

⁷⁴ John Zeisel, *I'm Still Here: A Breakthrough Approach to Understanding Someone Living with Alzheimer's*. (New York: Penguin, 2009), 18.

completing an individual art session⁷⁵ This study utilizes art therapy as the medium, but The Fisher Center for Alzheimer's Research Foundation at The Rockefeller University argues that art appreciation tours can be just as effective if not more so. Dr. William J. Netzer of the Fisher Center maintains that seeing art and providing a dialogue can "release trapped emotions and engage parts of the brain that keep the mind active and the memory intact."⁷⁶ With Alzheimer's disease, emotional memory does not fade away like short and long term memory, therefore telling stories about paintings in an art appreciation tour, can enable persons with the disease to become much more verbal in the conversation. Observation of Alzheimer's patients suggests that emotional experiences are often sharper because they have a stronger impact.⁷⁷ For example, a painting that depicts a scene of Brooklyn in the 1930s may be comforting to a patient who grew up in the area. Francesca Rosenberg's statements regarding Meet Me at MoMA support this concept. Rosenberg writes, "Because art can trigger emotional responses, and people have emotional memory, it can be a great outlet for people with Alzheimer's. Art also stimulates conversation—people tend to talk when they see a work of art. The program was designed as forum for dialogue, and that really lends itself to people connecting socially and enjoying themselves. That's why it works."⁷⁸ Other museums that are starting similar programs have also remarked on the stimulation art provides to this audience. For example, Emma Wilson, Coordinator of Community and Public Programs at The Morris Museum in Augusta, Georgia, believes that the tours at her

⁷⁵ The Fisher Center for Alzheimer's Research Foundation, "Art Therapy for Alzheimer's," Alzinfo.org, May 5, 2009.

⁷⁶ Ibid.

⁷⁷ Jitka Zgola, *Doing Things: A Guide to Programming Activities for Persons with Alzheimer's Disease and Related Disorders*. (Baltimore: Johns Hopkins University Press, 1987), 8.

⁷⁸ Jacquelyn Lewis, Meet Me at MoMA, www.artinfo.com. December 17, 2007.

museum help patients of Alzheimer's wake up. She states, "That part of your brain remains somewhat intact, the visual part, so you can offer them a key to unlock some of those memories for just a little while."⁷⁹

There has been an overwhelming response to the need for such programming in the United States. As of this writing, a number of programs for this audience are being developed or are currently already being offered. The organizers look to the programs outlined here as vital sources of information. At the DeCordova Museum & Sculpture Park in Lincoln, MA, there is a discussion-based tour for individuals with Alzheimer's disease which is in partnership with program ARTZ: Artists for Alzheimer's which was outlined in John Zeisel's book.⁸⁰ Other programs in North American include the Banner Arts Program in Phoenix, Arizona, which is a partnership between the Phoenix Art Museum and the Phoenix Symphony Orchestra. The National Center for Creative Aging has also developed a new program called the "Creativity Matters Toolkit" which works on the creation of arts programs for people with dementia. At the University of Wisconsin, Milwaukee, a new program called TimeSlips has been developed as a creative storytelling endeavor designed for people with dementia, which could be inserted into a museum. Another prominent program is StoryCorps, which has a Memory Loss Initiative and works on recording stories for the future. StoryCorps has also previously partnered with MoMA.⁸¹ The Minneapolis Institute of Arts offers art tours for this audience, which is entitled "Discovering Your Story." At Kitchener-Waterloo, a new project is piloted called "Memory Connections." This program will use a workshop for

⁷⁹ Stacey Hudson, "Groundbreaking Alzheimer's Program at the Morris Museum of Art Gives Back to Patients What the Disease so Cruelly took-Their Past," *The Metro Spirit*, June 20, 2007.

⁸⁰ MuseumEd listserve. Amy E. Briggs, previous educator at DeCordova Museum and Sculpture Park

⁸¹ Museum Ed Listserve. Libby Rhoads, Volunteer Coordinator at USBG

specialized training in ways to effectively communicate using museum artifacts and archival materials according to educator Cathy Blackburn.⁸² The Amon Carter Museum in Fort Worth, Texas has developed a program, “Sharing the Past Through Art,” to help people with Alzheimer’s connect with artworks and their community.⁸³ “Memories at the Museum” is a collaboration between The San Diego Museum of Art and The UCSD Shiley-Marcos Alzheimer’s Disease Research Center; it also utilizes the interactive discussion-based art tour.⁸⁴ Michigan State University’s Kresge Art Museum also recognized the need for programming with the development of their new pilot program for Alzheimer’s patients.⁸⁵ The Museum of Art and Archaeology in Missouri partnered with adult day care centers and the Mid-Missouri Chapter of the Alzheimer’s Association to develop bi-monthly tours in the museum for Alzheimer’s patients.⁸⁶ There are also many examples of programs that mimic Meet Me at MoMA even down to its name, for example “Meet me at TMA” which takes place at the Toledo Museum of Art.⁸⁷

Some museums have focused their energy not only on educational programming for Alzheimer’s visitors, but also see the Alzheimer’s patient in a new light. The Utah Museum of Fine Arts is exhibiting the works of William Utermohlen, who is an artist

⁸² Museum EdListerserve. Cathy Blackburn, Professional Development Program Manager, Ontario Museum Association.

⁸³ Alzheimer’s Weekly.com “Art Cuts Through the Fog of Alzheimer’s.” <http://www.alzheimersweekly.com>. (Accessed June 2, 2009).

⁸⁴ Shiley-Marcos Alzheimer’s Disease Research Center. “Quality of Life Programs.” <http://adrc.ucsd.edu>. (Accessed on June 2, 2009.)

⁸⁵ Michigan State University Kresge Art Museum. “MSU’s Kresge Art Museum Develops Pilot Program for Alzheimer’s and Dementia Patients.” <http://news.msu.edu/story/6184>. Accessed June 2, 2009.

⁸⁶ Museum of Art and Archaeology of University of Missouri. “Healing Arts Program.” <http://museum.research.missouri.edu/educ-programs/healingarts.html>. (Accessed on June 2, 2009).

⁸⁷ The News-Messenger. “Museum of Art Has Program for Alzheimer’s Patients, Family.” <http://www.thenews-messenger.com> (Accessed on June 2, 2009.)

who portrays his artwork as commentary of the progression of his Alzheimer's disease.⁸⁸ Similarly, the Brooks Museum of Art in Memphis, Tennessee, displayed an exhibition of works by local men and women with Alzheimer's disease.⁸⁹ The Museum of Science in Boston hosted a lecture discussing the interactions between genes and their environment in their role in the development of Alzheimer's disease.⁹⁰ Some museums even have outreach programs in which the educator takes museum artifacts to area residential facilities for people with dementia. The Otter Tail County Historical Society in Fergus Falls, Minnesota, provides such program.⁹¹

The interest in creating museum programs for Alzheimer's patients is not restricted to the United States. In Finland, the staff at the Atheneum Art Museum in partnership with the Alzheimer's Society developed the Memory Lane project. The project offers "Alzheimer patient-caregiver pairs an interactive multisensory museum tour in which the 'art can create a new degree of interaction between the patient and caregiver.'"⁹² Additionally in Duisburg, Germany a new program for senior audiences has been developed in the Wilhelm Lehmbruck Museum.⁹³ These examples suggest the increasing interest across the world in developing museum programs for this audience.

⁸⁸ KSL Broadcasting. KSL.com "Exhibit Gives Unique Perspective on Alzheimer's Disease." <http://ksl.com/?nid=148&sid=4777845>. Accessed June 2, 2009.

⁸⁹ Fischer Center For Alzheimer's Resource. A Museum Visit May Open Doors for People with Alzheimer's." <http://www.alzinfo.org/>. Accessed on June 2, 2009.

⁹⁰ Museum of Science, Boston. www.mos.org "Science Lecture." Accessed on June 2, 2009.

⁹¹ Zoomerang Survey Results performed by educator.

⁹² Itoknen, S. (2008) "Abstracts 2/2008," Museo Quarterly. Finnish Museums Association. Online. Available HTTP:<http://www.museoliitto.fi/en.php?k=9684> (Accessed 30 July 2008).

⁹³ Museum Ed List Serve. Reply by Sybille Kastner

Conclusion

In conclusion, the need for educational programming for persons with Alzheimer's disease and other dementias is continuing to rise. Museums are reacting to this need by developing new programs especially designed for this demographic. Both informal and scholarly evaluation have borne out that well-designed programs yield positive results in as far as engaging and stimulating mental activity. They also provide a safe social environment for a typically isolated group. The Museum of Modern Art's *Meet Me at MoMA* program and companion program, The Alzheimer's Project, have acted as a model for cultural institutions throughout North America and the world. When museum educators recognize the special physical and mental needs of this audience, they can design programs that can be highly successful in their outcomes.

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